

uniquely satisfy some public needs. We should not recognise—nor should medical professionals claim—an unqualified right of conscience.

Could they have a qualified right of conscience? Might it be that we should exempt them from fulfilling some part of their professional duties if they can articulate and defend their views, show that they live their lives according to such views, and that they are willing to do alternative service demonstrating their reciprocal respect for others? That claim is far more plausible. But also far from overwhelmingly convincing, in large part, because they entered the profession voluntarily, and because what they are being asked to do is a core part of their respective professions.

There is also a third option. These medical professionals could request that the rest of us respect their conscience rather than claim this right of conscience. If medical professionals were willing to state and defend their views and agree to some alternative service, then the public might be willing to find ways to accommodate them, at least if

those accommodations did not burden their clients—almost always women. However, this would not be a claim of right, but rather a request of one's fellow citizens.

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